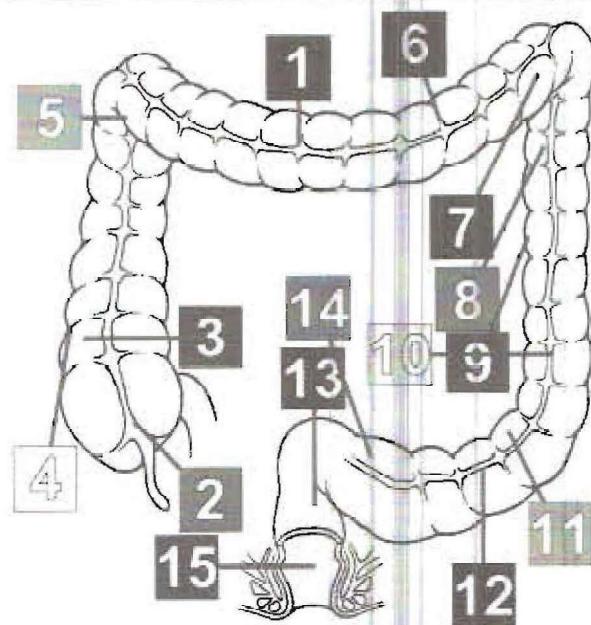
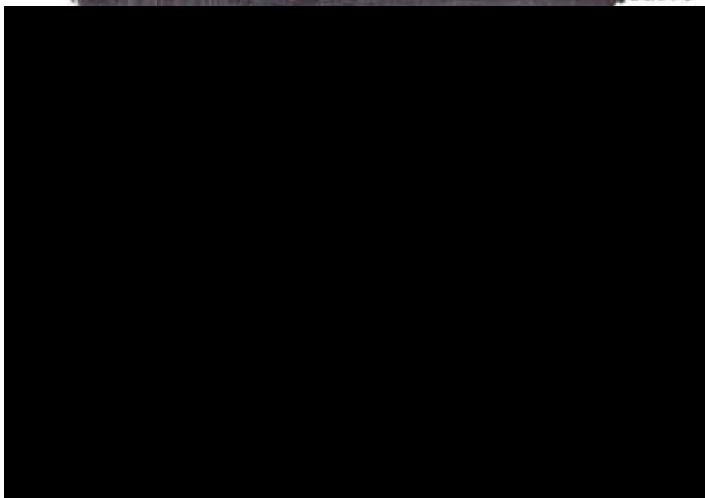


Patient Name: Peter Szanto
MRN: [REDACTED]
Admit Type: [REDACTED]
Room: 1
Note Status: Finalized

Procedure Date: 6/13/2019 7:10 AM
Date of Birth: [REDACTED]
Age: [REDACTED]
Gender: [REDACTED]

Procedure: [REDACTED]
Indications: [REDACTED]
Providers: [REDACTED] MD, [REDACTED] MD (Anesthesiologist)
Referring MD: [REDACTED]
Medicines: Monitored Anesthesia Care
Complications: [REDACTED]

Procedure: After I obtained informed consent, the colon was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The scope (6915) was introduced through the anus and advanced to the cecum, identified by appendiceal orifice and ileocecal valve. [REDACTED] The patient tolerated the procedure [REDACTED]



The Colon

Findings:

- [REDACTED]息肉 were found in the sigmoid colon.
- The terminal ileum [REDACTED]
- [REDACTED] angiomyolipoma lesion was found in the ascending colon.
- [REDACTED] during retroflexion.
- The rectum [REDACTED]

Impression:

- [REDACTED] in the sigmoid colon.
- The examined portion of the ileum [REDACTED]
- [REDACTED] bleeding colonic angiomyolipoma lesion.

Recommendation: - Patient has a contact number available for emergencies. The signs and symptoms of potential delayed

Patient Instructions

Patient: Peter Szanto
MRN: [REDACTED]
Procedure Date: Thursday, June 13, 2019
Attending MD: [REDACTED] MD

If you have any questions or problems please call [REDACTED] MD at [REDACTED].

Following sedation your judgment, perception and coordination are considered impaired for up to twelve hours after leaving the center.

Therefore:

- Do not drive or operate a vehicle or machinery for 24 hours.
- Do not sign legal documents or make critical decisions.
- Do not drink alcoholic beverages for 24 hours.
- Plan to spend a few hours resting before resuming your normal routine.

The findings during your procedure include:

Your Doctor has made the additional recommendations:

You have a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with you. [REDACTED] Written discharge instructions were provided to you.

You are being discharged to home.

Resume your previous diet.

Continue your present medications.

Your physician has recommended a [REDACTED]

Return to my office.

Return to your referring physician.

Please call your physician in the event that you experience any of the following:

Fever > 101 (orally)

Persistent nausea or vomiting

Severe abdominal distention and/or pain (mild distention and/or cramping is normal for a couple hours)

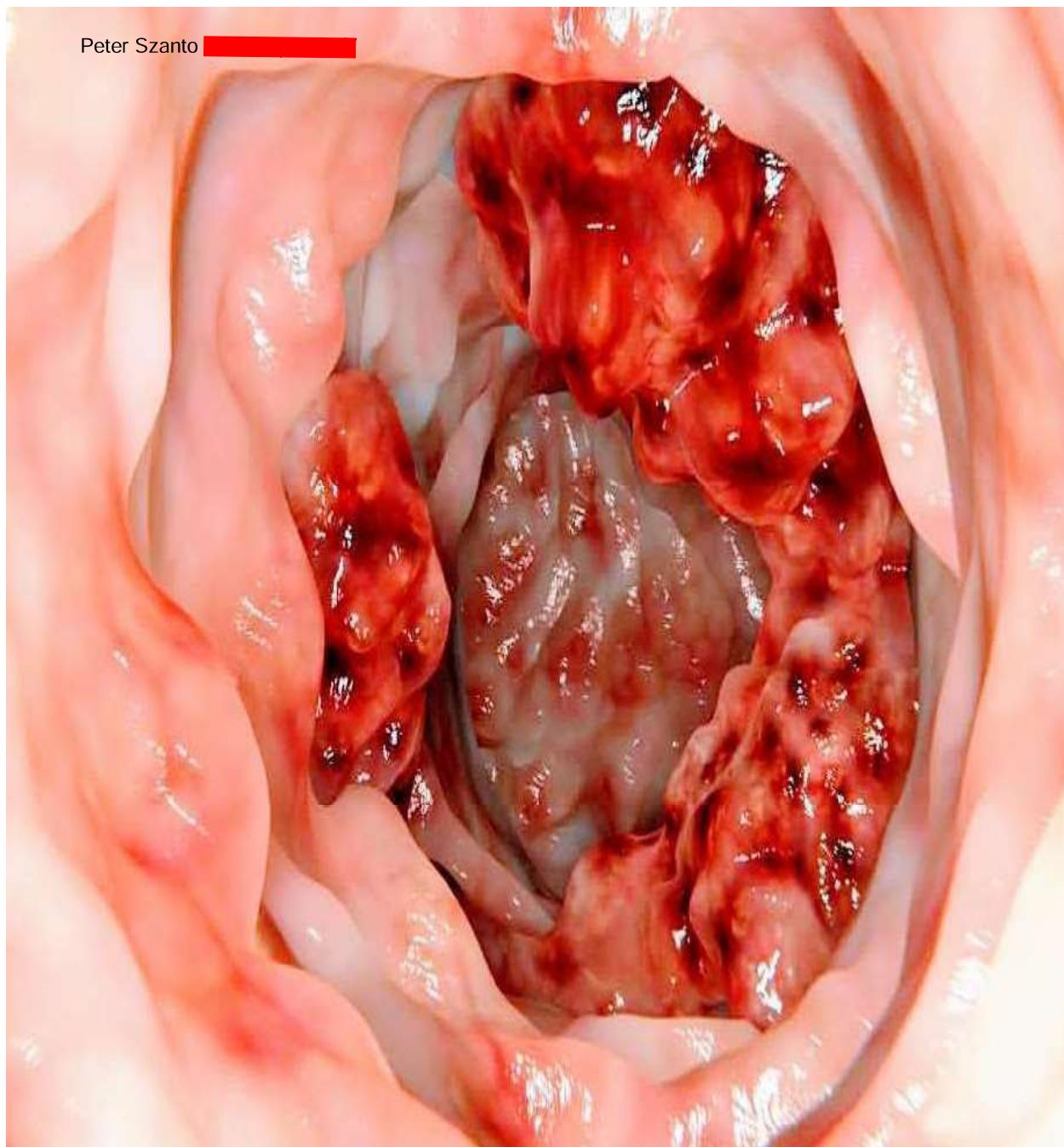
Rectal bleeding (more than streaking)

Nurse Signature

Date/Time

Witness/Driver

Date/Time





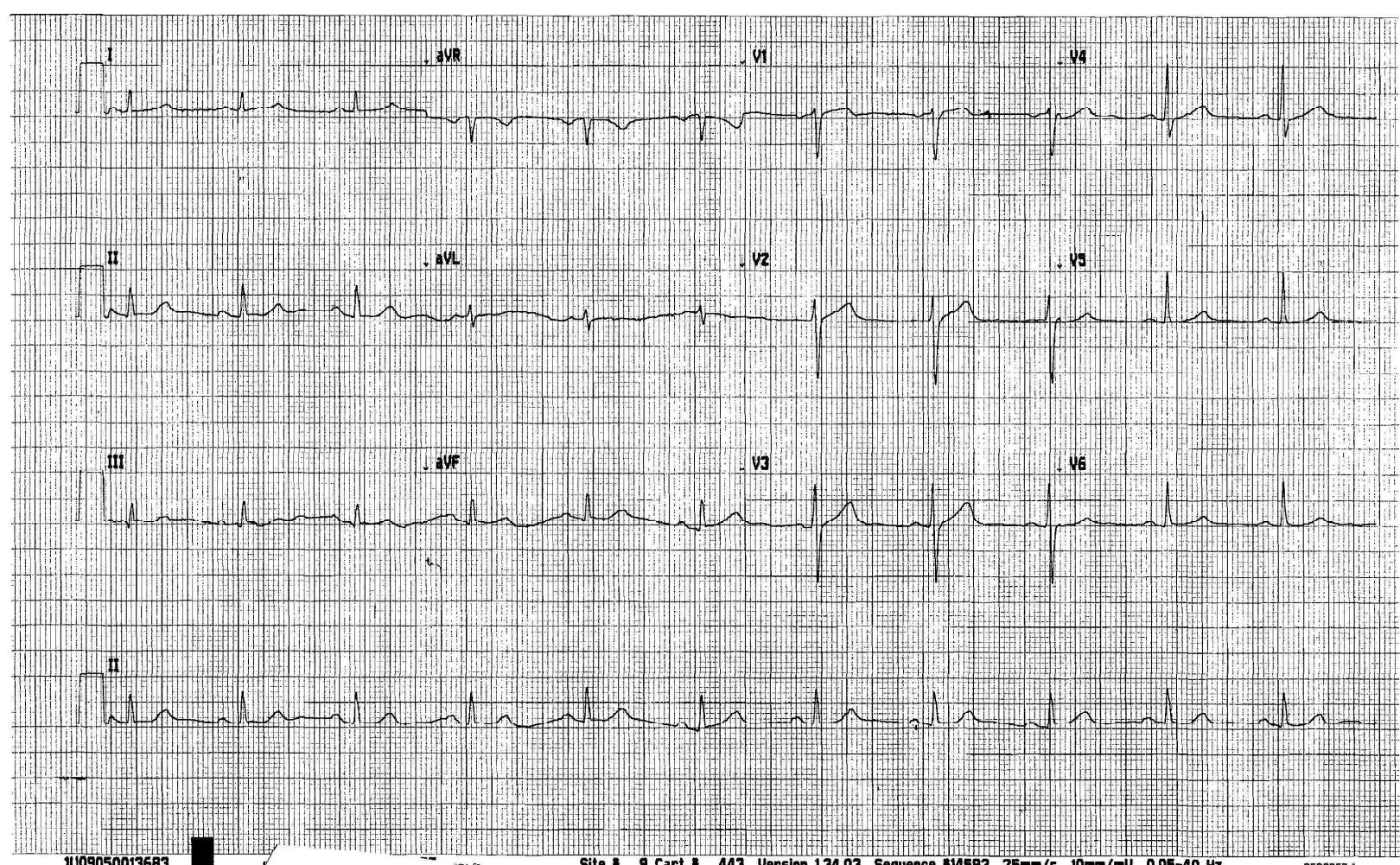
LAST NAME SZANTO
FIRST NAME PETER
MR# [REDACTED] DOB [REDACTED]
ACT# [REDACTED]
INDICATION PRE-OP CARDIOVASCULAR E
REF MD [REDACTED]
LOCATION CODE CGSRG
SEX [REDACTED] TECH ID 123

Vent rate:
PR int:
QRS dur:
QT/QTc:
P-R-T axes:

SINUS RHYTHM



[REDACTED]
[REDACTED]



1109050013683

Site * 9 Cart * 443 Version 1.34.03 Sequence *14583 25mm/s 10mm/mV 0.05x40 Hz

REORDER # 1017

ID/Visit: 512197-1

POS: 06/13/2019

SEARCH

DRAFT

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Surgery Center

PATIENT RECONCILIATION MEDICATION LIST

Home Medication List is as provided by Patient

(Including prescriptions, over the counter, herbals, vitamins and birth control pills or patch.)

ALLERGIES:

the counter, herba

FACILITY USE ONLY

Steroid Injection given in operating room

Allergy/Medication List Reviewed and Verified with Patient Other

service as current and complete.

on day of

(Nurse signature)

~~Additional Home Medications for Patient Discharge~~

Medication Name	Dose/Route/Frequency/Comments	Last Dose	Rx Given?
	<i>no new meds</i>		

Additional Information:

A reviewed with patient

(Nurse signature)

~~A copy of this form provided to the patient upon discharge for educational purposes only.~~